ARIZONA STATE BOARD OF ACCOUNTANCY

100 North 15th Avenue, Suite 165 Phoenix, Arizona 85007 Phone 602-364-0804 Facsimile 602-364-0903



NON-CERTIFIED OWNER AFFIDAVIT ARIZONA REVISED STATUTES 32-731(B); 32-732; 32-734; and 32-735

Prior to consideration by the Board, each non-certified owner shall complete this form which shall be forwarded to the Board with the firm application.

I	hereby certify that I am a non-certified	owner
(partner/shareholder/member) of	(firm nam	e), that
I actively participate in the management of the liability company or a directly affiliated entity a hundred hours of professional services for the performed constitute my principal occupation; a I stop performing services.	ne partnership, professional corporation or as defined in ARS 32-731; that I perform at lease firm during the calendar year; that the se	limited ast five ervices
contents thereof; that all the statements accurate and correct in every respect, to that I have not suppressed any information with full knowledge that the information	ry, that I have read this form and know the and information contained herein are true, to the best of my knowledge and belief; and ation that might affect the firm application, in submitted in this form may be grounds for application, including but not limited to	
Print Name S	Signature Da	ate